| Fill in this inf | ormation to identify | your case and th | is filing | g: | | ı | | |
|---------------------------------|----------------------------------|-----------------------|-----------|-------------------------------------------------------------------------------------------|--------------|---------------------------------|--------------|-----------------------------------------|
| Debtor 1 | Ceil D Dixon | | | | | | | |
| Dobtor 2 | First Name | Middle | Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle | Name | Last Name | | | | |
| United States | Bankruptcy Court for | the: SOUTHER | N DIST | RICT OF MISSISSIPPI | | | | |
| | | | | | | | | |
| Case number | 16-02783 ee | | | | | | _ | Check if this is an amended filing |
| Official E | Form 106 A /P | | | | | | | |
| | orm 106A/B ɪle A/B: Pr | | | | | | | 12/15 |
| | nore space is needed, a | | | married people are filing together, both are his form. On the top of any additional pages | | | | |
| Part 1: Descri | be Each Residence, Bu | ilding, Land, or Ot | her Real | Estate You Own or Have an Interest In | | | | |
| 1. Do vou own o | or have any legal or egu | uitable interest in a | ınv resid | ence, building, land, or similar property? | | | | |
| _ | , | | , | ,, | | | | |
| ☐ No. Go to I | | | | | | | | |
| ■ Yes. Whe | re is the property? | | | | | | | |
| | | | | | | | | |
| 1.1 | | | What | is the property? Check all that apply | | | | |
| 404 We | st Dewey Camp | | | Single-family home | Do not ded | uct secured cla | ims or | exemptions. Put |
| Street addre | ess, if available, or other desc | cription | | Duplex or multi-unit building | | | | ns on Schedule D: cured by Property. |
| | | | | Condominium or cooperative | Orcanors v | viio riave Olalii | 15 000 | area by 1 roporty. |
| | | | _ | Manufactured or mobile home | | | | |
| Florenc | e MS | 39073-0000 | | Land | Current va | | | rent value of the ion you own? |
| City | State | ZIP Code | | Investment property | | 55,000.00 | P 0.1 | \$155,000.00 |
| | | | | Timeshare | Describe t | he nature of v | OUT ON | vnership interest |
| | | | | | (such as fe | ee simple, tena | | y the entireties, or |
| | | | _ | has an interest in the property? Check one | a life estat | e), if known. ΓΕΔΩ | | |
| Rankin | | | | Debtor 1 only | TIONIES | | | |
| County | | | | Debtor 2 only Debtor 1 and Debtor 2 only | | | | |
| • | | | | | | t if this is com structions) | munit | y property |

Official Form 106A/B Schedule A/B: Property page 1

Other information you wish to add about this item, such as local

property identification number:

| Debtor 1 | Ceil D Dixor | 1 | | | Cas | se number | (if known) 16- | 02783 ee |
|----------|----------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------|------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| If v | ou own or have | more | than one list h | ere. | | | | |
| 1.2 | ou own or nave | , 111016 | triair Orie, list ii | | t is the property? Check all that apply | | | |
| Rai | iney Road | | | | Single-family home | Do not | deduct secured cl | aims or exemptions. Put |
| Stree | et address, if available, o | r other des | scription | _ | Duplex or multi-unit building | | | ed claims on Schedule D: |
| | | | | _ | Condominium or cooperative | Creatto | rs vvno Have Ciai | ms Secured by Property. |
| | | | | _ | | | | |
| | | | | | | Current | t value of the | Current value of the |
| Мо | selle | MS | 39459-0000 | | Land | | property? | portion you own? |
| City | | State | ZIP Code | | Investment property | _ : | \$154,000.00 | \$154,000.00 |
| | | | | | Timeshare | Describ | oe the nature of y | our ownership interest |
| | | | | | | | is fee simple, ten state), if known. | ancy by the entireties, or |
| | | | | Who | has an interest in the property? Check one | | Property | |
| lor | nes | | | _ | | | Торолу | |
| Cour | | | | | Debtor 2 only | | | |
| Ooui | inty | | | | =, | | eck if this is con e instructions) | nmunity property |
| | | | | | r information you wish to add about this it | , | • | |
| | | | | | erty identification number: | iciii, Sucii a | 3 10001 | |
| | | | | 40 a | cres of land | | | |
| | Rainey Road Street address, if available, or other description | | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative | | the amo | Do not deduct secured claims or exemptions. In the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property. | | |
| | | | | | Manufactured or mobile home | 0 | | Oursell relies of the |
| Мо | selle | MS | 39459-0000 | | Land | | t value of the property? | Current value of the portion you own? |
| City | | State | ZIP Code | | Investment property | | \$14,500.00 | \$14,500.00 |
| | | | | | Timeshare | Describ | Describe the nature of your ownership in | |
| | | | | | | _ (such a | ıs fee simple, ten | ancy by the entireties, or |
| | | | | _ | has an interest in the property? Check one | | state), if known. Property | |
| lor | nes | | | | , | 11611 1 | торенту | |
| Cour | | | | | 20210. 2011.) | | | |
| | , | | | | | | eck if this is con e instructions) | nmunity property |
| | | | | | r information you wish to add about this it | , | • | |
| | | | | | erty identification number: | iom, odom d | 5 10 Gai | |
| | | | | 1/2 | interest in 8.32 acres of land | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | your entries from Part 1, including an | | | \$323,500.00 |
| Part 2: | Describe Your Vehic | les | | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debtor 1 C | Ceil D Dixon | | Case number (if known) | 16-02783 ee |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------|
| 3. Cars, vans | , trucks, tractors, sport utility ve | hicles, motorcycles | | |
| | , , , , , , | • | | |
| □ No | | | | |
| Yes | | | | |
| | 0.1 | | Do not doduct soci | ured claims or exemptions. But |
| 3.1 Make: | | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| Model: | who has an interest in the property? Chock one the amount of any secured dailms or entered the amount of any secured dailms of the amount of any secured dailms or entered the amount of any secured d | ve Claims Secured by Property. | | |
| Year: | | | | |
| 7.7 | | | entire property? | portion you own? |
| Other in | iornation. | At least one of the debtors and another | | |
| | | | \$19,300 | .00 \$19,300.00 |
| Examples: E ■ No □ Yes 5 Add the do pages you Part 3: Descri Do you own of | collar value of the portion you ow have attached for Part 2. Write to the Your Personal and Household Ite or have any legal or equitable into goods and furnishings | tercraft, fishing vessels, snowmobiles, motorcy on for all of your entries from Part 2, including that number here | cle accessories | \$19,300.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No | escribe | | | \$100.00 |
| | MISC PERSONA | AL PROPERTY | | \$100.00 |
| | <u>-</u> | | | |
| | MISC PERSONA | AL PROPERTY | | \$100.00 |
| | | | | |
| | FURNITURE AN | ID APPLIANCES | | \$5,000.00 |
| 7. Electronics Examples: No Yes. De | Televisions and radios; audio, vide including cell phones, cameras, m | • • • • • • • • • • • • • • • • • • • • | orinters, scanners; music co | ollections; electronic devices |
| | ELECTRONICS | | | φ500.00 |
| 8. Collectible Examples: No Yes. De | Antiques and figurines; paintings, other collections, memorabilia, co | prints, or other artwork; books, pictures, or oth llectibles | er art objects; stamp, coin, | or baseball card collections; |

| De | Cell D Dixon | | | Case number (if knowl | 16-02783 ee |
|------------------|--------------------------------------------------------------------------|-----------|--------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| | Equipment for sports and Examples: Sports, photogr musical instrum | raphic, e | | by equipment; bicycles, pool tables, golf clubs, skis; canoe | s and kayaks; carpentry tools; |
| _ | ■ No □ Yes. Describe | | | | |
| 10. | Firearms Examples: Pistols, rifles, | shotaur | ns ammunition and rela | ated equipment | |
| | ■ No □ Yes. Describe | onotgai | io, ammamaon, ana rok | and oquipmon | |
| | Clothes | | | | |
| _ | □No | hes, furs | s, leather coats, design | er wear, shoes, accessories | |
| | Yes. Describe | | | | 4. 500 00 |
| | | CLOTI | HING | | \$1,500.00 |
| [| Jewelry Examples: Everyday jewe □ No ■ Yes. Describe | elry, cos | stume jewelry, engagen | nent rings, wedding rings, heirloom jewelry, watches, gems | gold, silver |
| | | JEWE | LRY | | \$500.00 |
| 14. | ■ No □ Yes. Give specific infor | mation. | | already list, including any health aids you did not list 3, including any entries for pages you have attached | |
| 13. | | • | | 5, including any entries for pages you have attached | \$7,800.00 |
| | t 4: Describe Your Financia | | | | |
| Do | you own or have any leg | gal or e | quitable interest in an | y of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ı | Cash Examples: Money you ha No Yes | | • | , in a safe deposit box, and on hand when you file your pet | ition |
| 17. | | | | ts; certificates of deposit; shares in credit unions, brokerage the half the same institution, list each. | e houses, and other similar |
| | □ No ■ Yes | | | Institution name: | |
| | | 17.1. | CHECKING | BANCORP SOUTH | \$0.00 |
| | | 47.0 | Certificate of | COMMUNITY DANIE | \$400.000.00 |
| | | 17.2. | Deposit | COMMUNITY BANK | \$100,000.00 |

16-02783-ee Dkt 13 Filed 10/04/16 Entered 10/04/16 09:00:31 Page 5 of 50

| Debtor 1 | Ceil D Dixon | Case number | (if known) | 16-02783 ee |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------|------------------------------------------------------------------------------------|
| | s, mutual funds, or publicly traded stocks nples: Bond funds, investment accounts with broke | erage firms, money market accounts | | |
| ■ No | | | | |
| ☐ Yes | Institution or issuer na | me: | | |
| | oublicly traded stock and interests in incorpora | ated and unincorporated businesses, including a | ın interes | t in an LLC, partnership, and |
| ■ No | | | | |
| ☐ Yes | s. Give specific information about them Name of entity: | % of owners | hip: | |
| Nego Non- | rnment and corporate bonds and other negotion bitable instruments include personal checks, cashing the instruments are those you cannot trans | ers' checks, promissory notes, and money orders. | | |
| ■ No | | | | |
| ⊔ Yes | s. Give specific information about them Issuer name: | | | |
| | ement or pension accounts emples: Interests in IRA, ERISA, Keogh, 401(k), 403 | B(b), thrift savings accounts, or other pension or profi | it-sharing | plans |
| ■ Yes | s. List each account separately. Type of account: | Institution name: | | |
| | 401K | WALGREENS PROFIT SHARING | | \$3,994.00 |
| ■ No | , , | iblic utilities (electric, gas, water), telecommunication | io compai | |
| ⊔ Yes | i | Institution name or individual: | | |
| 23. Annu ■ No | ities (A contract for a periodic payment of money | to you, either for life or for a number of years) | | |
| ☐ Yes | Issuer name and description. | | | |
| 26 U.S | sts in an education IRA, in an account in a qua S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | lified ABLE program, or under a qualified state to | uition pro | gram. |
| ■ No □ Yes | Institution name and description. | Separately file the records of any interests.11 U.S.C. | . § 521(c): | |
| ■ No | | er than anything listed in line 1), and rights or po | wers exe | rcisable for your benefit |
| ☐ Yes | s. Give specific information about them | | | |
| | nts, copyrights, trademarks, trade secrets, and nples: Internet domain names, websites, proceeds | | | |
| | . Give specific information about them | | | |
| | ses, franchises, and other general intangibles | rative association holdings, liquor licenses, professio | nal licens | es |
| ■ No | Give specific information about them | у | | |
| | | | | Occurred continue (c) |
| woney o | r property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |

| Debtor 1 | Ceil D Dixon | | Case number (if known) 16 | -02783 ee |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|
| 28. Tax ı | refunds owed to you | | | |
| | | | | |
| ■ Ye | s. Give specific information abo | out them, including whether you already filed the returns | s and the tax years | |
| | | pecific information about them, including whether you already filed the returns and the tax years FEDERAL INCOME TAX REFUND | | |
| | | | | |
| | Give specific information about them, including whether you already filed the returns and the tax years FEDERAL INCOME TAX REFUND | \$5,000.00 | | |
| 28. Tax refunds owed to you Yes. Give specific information about them, including whether you already filed the returns and the tax years FEDERAL INCOME TAX REFUND STATE \$5,00 STATE INCOME TAX REFUND STATE \$5,00 EARNED INCOME TAX CREDIT TAX CREDIT TAX CREDIT \$5,00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information 30. Other amounts comeone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits, unpaid loans you made to someone else No Yes. Give specific information Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or return value: Surrender or return value: Surrender or return value: Surrender or return value: Pose give specific information Company name: Beneficiary: Surrender or return value: Surrender or return value: Surrender or return value: Surrender or return value: Pose give specific information Company name: Beneficiary: Surrender or return value: Surrender or return value: Surrender or return value: Pose give specific information Pose give specific information Pose give specific information Pose give specific information and survey | | | | |
| | 8. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years FEDERAL INCOME TAX REFUND STATE STATE INCOME TAX REFUND STATE EARNED INCOME TAX CREDIT TAX CREDIT 1. A CREDIT TAX CREDIT 9. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No No Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Section benefits, unpaid bears you made to someone else No No No Yes. Give specific information. No Yes. Sive specific information. No No Yes. Name the insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No No Yes. Sive specific information. No | | | |
| | | STATE INCOME TAX REFUND | STATE | \$5,000.00 |
| | | | | |
| | | | | |
| | | EARNED INCOME TAX CREDIT | TAX CREDIT | \$5,000.00 |
| | | | | |
| | | imany enguesi support child support maintanance d | ivorce settlement, property sett | lement |
| | · | imony, spousai support, child support, maintenance, u | voice settlement, property settl | icinchi |
| ☐ Ye | s. Give specific information | | | |
| | | | | |
| | | | | 0 1 1 0 1 |
| Exa | | | ition pay, workers' compensation | on, Social Security |
| ■ No | | | | |
| ☐ Ye | s. Give specific information | | | |
| 31. Inter | ests in insurance policies | | | |
| _Exa | mples: Health, disability, or life i | insurance; health savings account (HSA); credit, home | owner's, or renter's insurance | |
| | | 7 . I . B I B . W . I | | |
| ⊔ үе | | | iciary: | Surrender or refund |
| | · | | • | value: |
| 32. Any | interest in property that is du | e you from someone who has died | | |
| | | trust, expect proceeds from a life insurance policy, or a | are currently entitled to receive | property because |
| _ | | | | |
| ☐ Ye | s. Give specific information | | | |
| | | | | |
| | | | nd for payment | |
| | | | | |
| ■ Ye | s. Describe each claim | | | |
| | | POTENTIAL MEDICAL MALERACTICE CLA | AIM AGAINST | |
| | | | AIM AGAINGT | Unknown |
| | | | | |
| | | POTENTIAL WORKMAN'S COMP CLAIM A | GAINST | |
| | | | | Unknown |
| | | | | |
| 34. Othe | r contingent and unliquidated | d claims of every nature, including counterclaims o | f the debtor and rights to set | off claims |
| ■ No | | | | |
| ⊔ Ye | s. Describe each claim | | | |
| 35. Any | financial assets you did not a | lready list | | |
| ■ No | | | | |
| ⊔ Ye | s. Give specific information | | | |

| Del | otor 1 | Ceil D Dixon | | Case number (if known) | 16-02783 ee |
|--------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|--------------------------|
| 36. | | the dollar value of all of your entries from Part 4, includir | | | \$118,994.00 |
| Par | 5: De: | scribe Any Business-Related Property You Own or Have an Inte | rest In. List any real esta | ate in Part 1. | |
| 37. I | Do you o | own or have any legal or equitable interest in any business-relat | ed property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | Go to line 38. | | | |
| Par | | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | ı Own or Have an Interes | st In. | |
| 46. | Do you | ı own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| | ■ No. | Go to Part 7. | | | |
| | ☐ Yes | . Go to line 47. | | | |
| Par | 7: | Describe All Property You Own or Have an Interest in That Yo | u Did Not List Above | | |
| ı | <i>Examp</i> ■ No | I have other property of any kind you did not already list ples: Season tickets, country club membership Give specific information | ? | | |
| 54. | Add t | the dollar value of all of your entries from Part 7. Write th | nat number here | | \$0.00 |
| Par | 8: | List the Totals of Each Part of this Form | | | _ |
| 55. | Part 1 | 1: Total real estate, line 2 | | | \$323,500.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$19,300.00 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$7,800.00 | | |
| 58. | Part 4 | 4: Total financial assets, line 36 | \$118,994.00 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$146,094.00 | Copy personal property to | stal \$146,094.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$469,594.00 |

| Fill in this inform | mation to identify your | case: | | |
|---------------------|-------------------------|-------------------|----------------|--------------------------------------|
| Debtor 1 | Ceil D Dixon | _ | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI | |
| Case number | 16-02783 ee | | | |
| (if known) | 10 02700 00 | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|----------------------------------------------------------------------------------------|-----------------------------------------|-----|-----------------------------------------------------------------|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| FURNITURE AND APPLIANCES Line from Schedule A/B: 6.4 | \$5,000.00 | | \$5,000.00 | Miss. Code Ann. § 85-3-1(a) |
| Line non schedule A/D. 4.4 | | | 100% of fair market value, up to any applicable statutory limit | |
| ELECTRONICS Line from Schedule A/B: 7.1 | \$500.00 | | \$500.00 | Miss. Code Ann. § 85-3-1(a |
| LINE HOLL SCHEUUIE AVD. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| CLOTHING Line from Schedule A/B: 11.1 | \$1,500.00 | | \$1,500.00 | Miss. Code Ann. § 85-3-1(a) |
| Life from Schedule AVD. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| JEWELRY Line from Schedule A/B: 12.1 | \$500.00 | | \$500.00 | Miss. Code Ann. § 85-3-1(a) |
| Ellio II olii osiiodalo 702. 1211 | | | 100% of fair market value, up to any applicable statutory limit | |
| 401K: WALGREENS PROFIT SHARING | \$3,994.00 | | \$3,994.00 | Miss. Code Ann. § 85-3-1(e) |
| Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |

16-02783-ee Dkt 13 Filed 10/04/16 Entered 10/04/16 09:00:31 Page 9 of 50

| De | btor 1 | Cei | l D Dixon | | Case number (if known) | 16-02783 ee | |
|----|--------|--------------|-------------------------------------------------------------------|--------------------------------------|------------------------|-----------------------------------------------------------------|------------------------------------|
| | | | iption of the property and line on VB that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | | DERA FUND | L: FEDERAL INCOME TAX | \$5,000.00 | | \$5,000.00 | Miss. Code Ann. § 85-3-1(j) |
| | | | Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | ATE: S | STATE INCOME TAX | \$5,000.00 | | \$5,000.00 | Miss. Code Ann. § 85-3-1(k) |
| | | | Schedule A/B: 28.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | CRE | EDIT: EARNED INCOME TAX | \$5,000.00 | | \$5,000.00 | Miss. Code Ann. § 85-3-1(i) |
| | | | Schedule A/B: 28.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | | ject to | laiming a homestead exemption adjustment on 4/01/19 and every | | | ed on or after the date of adjustmen | t.) |
| | | No | | | | | |
| | | _ | , , , , , | ed by the exemption wi | thin 1, | 215 days before you filed this case? | |
| | | | No | | | | |
| | | | Yes | | | | |

| Fill in this information to identify you | ur case: | | | |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|-------------------|
| Debtor 1 Ceil D Dixon | | | | |
| First Name | Middle Name Last Name | | - | |
| Debtor 2 | | | _ | |
| (Spouse if, filing) First Name | Middle Name Last Name | | | |
| United States Bankruptcy Court for the | : SOUTHERN DISTRICT OF MISSISSIPPI | | | |
| Coop number 40 00700 | | | | |
| Case number 16-02783 ee (if known) | | | ☐ Check | if this is an |
| | | | _ | led filina |
| | | | | |
| Official Form 106D | | | | |
| Schedule D: Creditors | Who Have Claims Secure | d by Propert | V | 12/15 |
| | | | | |
| | If two married people are filing together, both are ed out, number the entries, and attach it to this form. C | | | |
| number (if known). | | and top or any adding | pages,e year | |
| 1. Do any creditors have claims secured b | y your property? | | | |
| ☐ No. Check this box and submit t | his form to the court with your other schedules. Y | ou have nothing else | to report on this form. | |
| Yes. Fill in all of the information | below. | | | |
| Part 1: List All Secured Claims | | | | |
| | many than and applying aloing light the available apparent | . Column A | Column B | Column C |
| | more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alphabet | ical order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Chase Auto Finance | Describe the property that secures the claim: | \$11,936.00 | \$19,300.00 | \$0.00 |
| Creditor's Name | 2014 Subaru Forrester 49,000 miles | | | |
| National Bankruptcy | , | | | |
| Dept | As of the date you file, the claim is: Check all that | | | |
| 201 N Central Ave Ms Az1-1191 | apply. | | | |
| Phoenix, AZ 85004 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | An agreement you made (such as mortgage or se | cured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | M O 16 | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | Money Security | | |
| | | | | |
| Opened | | | | |
| 09/13 Last Active | | | | |
| Date debt was incurred 7/22/16 | Last 4 digits of account number 2303 | | | |
| | | | | |
| 2.2 Quicken Loans | Describe the property that secures the claim: | \$130,000.00 | \$155,000.00 | \$0.00 |
| Creditor's Name | 404 West Dewey Camp Florence, | | | |
| | MS 39073 Rankin County | | | |
| | As of the date you file, the claim is: Check all that | | | |
| 1050 Woodward Ave | apply. | | | |
| Detroit, MI 48226 | Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or se | cured | | |
| Debtor 2 only | car loan) | - | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | | | | |

Official Form 106D

| Debtor 1 Ceil D Dixon | | _ | Case number (if know) | 16-02783 ee | |
|---------------------------------------------------|---------------------------------------------------|------------------|-----------------------------------------|-------------|-------------|
| First Name Middle N | lame Last Name | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | First Mor | tgage | | |
| Date debt was incurred | Last 4 digits of account num | ıber | | | |
| 2.3 Republic Finance | Describe the property that secures | the claim: | \$2,142.00 | \$100.00 | \$2,042.00 |
| Creditor's Name | MISC PERSONAL PROPER | | ΨΣ,142.00 | ψ100.00 | Ψ2,042.00 |
| | I I I I I I I I I I I I I I I I I I I | • | | | |
| 1140 Roma Ave | As of the date you file, the claim is: apply. | Check all that | | | |
| Hammond, LA 70403 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as | mortgage or s | secured | | |
| Debtor 2 only | car loan) | mortgago or c | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | Non-Purc | hase Money Security | | |
| community debt | | | | | |
| Opened | | | | | |
| 09/15 Last | | | | | |
| Active | Land Additional and account account | nber 8572 |) | | |
| Date debt was incurred 7/18/16 | Last 4 digits of account num | iber 0372 | · | | |
| 2.4 Springleaf Financial | Describe the property that secures | the claim: | \$4,651.00 | \$100.00 | \$4,551.00 |
| Creditor's Name | MISC PERSONAL PROPER | | Ψ+,001.00 | Ψ100.00 | Ψ+,551.00 |
| | I I I I I I I I I I I I I I I I I I I | • | | | |
| | As of the date you file, the claim is: | Chook all that | | | |
| PO Box 3251 | apply. | Crieck all triat | | | |
| Evansville, IN 47731 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as | mortgage or s | secured | | |
| Debtor 2 only | car loan) | 0 0 | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| \square At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | Non-Purc | chase Money Security | | |
| community debt | | | | | |
| Opened | | | | | |
| 04/16 Last | | | | | |
| Active Date debt was incurred 7/15/16 | Last 4 digits of account num | her 5052 | 2 | | |
| | | | | | |
| 2.5 Tower Loan | Describe the property that secures | the claim: | \$11,298.00 | \$100.00 | \$11,198.00 |
| Creditor's Name | MISC PERSONAL PROPER | TY | | <u> </u> | |
| | | | | | |
| D- D 200004 | As of the date you file, the claim is: | Check all that | | | |
| Po Box 320001 Flowood, MS 39232 | apply. | | | | |
| Number, Street, City, State & Zip Code | ☐ Contingent☐ Unliquidated | | | | |
| rambor, onest, only, orate a zip oode | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as | mortgage or s | secured | | |
| Debtor 2 only | car loan) | | | | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

16-02783-ee Dkt 13 Filed 10/04/16 Entered 10/04/16 09:00:31 Page 12 of 50

| Debtor 1 Ceil D Dixon | | | Case number (if know) | 16-02783 ee | | |
|--------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|-----------------------------|-------------|--|--|
| First Name | Middle N | lame Last Name | | | | |
| ☐ Debtor 1 and Debtor 2☐ At least one of the deb | , | ☐ Statutory lien (such as tax lien, me☐ Judgment lien from a lawsuit | echanic's lien) | | | |
| Check if this claim re community debt | lates to a | Other (including a right to offset) | Non-Purchase Money Security | | | |
| Date debt was incurred | Opened 3/01/16 Last Active 7/26/16 | Last 4 digits of account nun | nber <u>3468</u> | | | |
| | of your form, add | Column A on this page. Write that nur the dollar value totals from all pages | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in | this information to identify your case | e: | |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Debto | or 1 Ceil D Dixon | | |
| | First Name | Middle Name Last Name | |
| Debto (Spouse | or 2 e if, filing) First Name | Middle Name Last Name | |
| United | d States Bankruptcy Court for the: | DUTHERN DISTRICT OF MISSISSIPPI | |
| Case (if know | number 16-02783 ee | | ☐ Check if this is an amended filing |
| Offic | ial Form 106E/F | | |
| Sch | edule E/F: Creditors Who | Have Unsecured Claims | 12/15 |
| Schedu Schedu left. Att | ale G: Executory Contracts and Unexpired ale D: Creditors Who Have Claims Secured ach the Continuation Page to this page. If and case number (if known). | could result in a claim. Also list executory contracts on Schedule A/B: Pro Leases (Official Form 106G). Do not include any creditors with partially set by Property. If more space is needed, copy the Part you need, fill it out, nu you have no information to report in a Part, do not file that Part. On the top | cured claims that are listed in imber the entries in the boxes on the |
| | o any creditors have priority unsecured cla | | |
| | No. Go to Part 2. | ums agamst your | |
| | | | |
| Part 2 | Yes. List All of Your NONPRIORITY U | nsocured Claims | |
| | o any creditors have nonpriority unsecured | | |
| _ | | • • | |
| | I No. You have nothing to report in this part. S | Submit this form to the court with your other schedules. | |
| | Yes. | | |
| un tha | secured claim, list the creditor separately for | in the alphabetical order of the creditor who holds each claim. If a creditor each claim. For each claim listed, identify what type of claim it is. Do not list clain e other creditors in Part 3.If you have more than three nonpriority unsecured claim. | ns already included in Part 1. If more |
| | ··· -· | | Total claim |
| 4.1 | Bankers Healthcrop | Last 4 digits of account number | \$18,528.00 |
| | Nonpriority Creditor's Name | | |
| | 201 Solar St Syracuse, NY 13204 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | _ | |
| | Check if this claim is for a communi | • | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that report as priority claims | you did not |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify signature loan | |
| | | - Other. Opening | |

| Debto | or 1 Ceil D Dixon | | Case number (if know) | 16-02783 ee | |
|-------|---------------------------------------------------------------------|------------------------------------------------------------|--------------------------------|------------------|------------|
| 4.2 | Baptist Health Sys Nonpriority Creditor's Name | Last 4 digits of account number | | | \$3,360.00 |
| | PO Box 23090 Jackson, MS 39225 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce t | that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar deb | ots | |
| | Yes | Other. Specify medical | | | |
| 4.3 | Capital One | Last 4 digits of account number | 1180 | | \$3,217.00 |
| | Nonpriority Creditor's Name | | Onemed 00/44 eet | Antino | |
| | Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 09/14 Last 8/05/16 | Active | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce t | that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar deb | ots | |
| | Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.4 | Dillards Card Srvs | Last 4 digits of account number | 3203 | | \$360.00 |
| | Nonpriority Creditor's Name | | Opened 05/15 Last | Active | |
| | Po Box 10347 Des Moines, IA 50306 | When was the debt incurred? | 7/24/16 | ——— | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | · · | · | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar deb | ots | |
| | ☐ Yes | Other. Specify Charge Acc | count | | |

| Debto | r 1 Ceil D Dixon | | Case number (if know) 16-02783 | 3 ee |
|-------|----------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|------------|
| 4.5 | Lending Club Corp Nonpriority Creditor's Name | Last 4 digits of account number | 0574 | \$2,152.00 |
| | 71 Stevenson St Suite 300 San Francisco, CA 94105 | When was the debt incurred? | Opened 03/15 Last Active 6/27/16 | _ |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did n | ot |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.6 | Paypal Credit | Last 4 digits of account number | | \$884.00 |
| | Nonpriority Creditor's Name PO Box 105658 Atlanta, GA 30348 | When was the debt incurred? | | <u> </u> |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did n | ot |
| | No | Debts to pension or profit-sharing | og plans, and other similar debts | |
| | Yes | Other. Specify credit card | • | |
| 4.7 | Seventh Avenue | Last 4 digits of account number | | \$245.00 |
| | Nonpriority Creditor's Name PO Box 2819 Monroe, WI 53566 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did n | ot |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify collection | | |

| Debtor 1 | Ceil D Dix | con | | Case n | iumber (if know) | 16-02783 ee | | |
|--------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------|---------------------|-----------------------|--|
| | saa Saving | | Last 4 digits of account number | 7125 | | _ | \$3,944.00 | |
| Po | Box 475 | | When was the debt incurred? | Open 7/18/ | ned 05/14 Last 16 | Active | | |
| Nui | mber Street (| City State Zlp Code the debt? Check one. | As of the date you file, the claim | is: Check | all that apply | | | |
| | Debtor 1 onl | у | ☐ Contingent | | | | | |
| | Debtor 2 onl | у | ☐ Unliquidated | | | | | |
| | Debtor 1 and | d Debtor 2 only | ☐ Disputed | | | | | |
| | At least one | of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | Check if thi | s claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | | | ☐ Obligations arising out of a separeport as priority claims | ration ag | reement or divorce t | hat you did not | | |
| | No | | Debts to pension or profit-sharing | ıg plans, a | and other similar deb | ots | | |
| | Yes | | Other. Specify Credit Card | i | | | | |
| | ells Fargo | | Last 4 digits of account number | | | | \$300.00 | |
| 80 | onpriority Cred 00 Walnut es Moines | | When was the debt incurred? | | | | | |
| | | City State Zlp Code the debt? Check one. | As of the date you file, the claim | is: Check | all that apply | | | |
| | Debtor 1 onl | у | ☐ Contingent | | | | | |
| | Debtor 2 onl | у | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another | | | | | | | |
| | | | | | | | | |
| | ☐ Check if this claim is for a community ☐ Student loans | | | | | | | |
| del Is t | | bject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | No | | Debts to pension or profit-sharing | ig plans, a | and other similar deb | ots | | |
| | Yes | | Other. Specify open account | | | | | |
| Part 3: | List Others | s to Be Notified About a Deb | t That You Already Listed | | | | | |
| is trying to have more | to collect fro e than one c | m you for a debt you owe to son | out your bankruptcy, for a debt that y neone else, list the original creditor in you listed in Parts 1 or 2, list the addi submit this page. | Parts 1 | or 2, then list the co | ollection agency he | re. Similarly, if you | |
| Name and A | Address n Express | | on which entry in Part 1 or Part 2 did you ine 4.8 of (<i>Check one</i>): | | • | | | |
| PO Box 8 | • | , | | | Creditors with Priority Creditors with Nonpr | | les a | |
| Dallas, T | X 75285 | L | ast 4 digits of account number | ■ Part 2: 0 | Creditors with Nonpr | ionty Unsecured Cia | ims | |
| Part 4: | Add the Ar | mounts for Each Type of Uns | secured Claim | | | | | |
| | amounts of nsecured cla | | ns. This information is for statistical r | eporting | purposes only. 28 | U.S.C. §159. Add th | e amounts for each | |
| | _ | B | | | Total 0 | | | |
| Tota claims | | Domestic support obligations | | 6a. | \$ | 0.00 | | |
| from Part 1 | | Taxes and certain other debts | - | 6b. | \$ | 0.00 | | |
| | 6c. | | njury while you were intoxicated | 6c. | \$ | 0.00 | | |
| | 6d. | otner. Add all other priority unse | cured claims. Write that amount here. | 6d. | \$ | 0.00 | ٦ | |
| | 6e. | Total Priority. Add lines 6a throu | ugh 6d. | 6e. | \$ | 0.00 | | |
| | | | | | Total (| Claim | | |

Official Form 106 E/F

16-02783-ee Dkt 13 Filed 10/04/16 Entered 10/04/16 09:00:31 Page 17 of 50

| Debtor 1 Ce | con | Case r | number (if know) | 16-02783 ee | | |
|-------------|-----|---------------------------------------------------------------------------------------------------------|------------------|-------------|-----------|--|
| Total | 6f. | Student loans | 6f. | \$ | 0.00 | |
| claims | | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 | |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 32,990.00 | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 32,990.00 | |

| Fill in this infor | mation to identify your | case: | | | |
|-----------------------------------------|-------------------------|-------------------|----------------|---|-----------------------|
| Debtor 1 | Ceil D Dixon | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ | |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT | OF MISSISSIPPI | | |
| Case number | 16-02783 ee | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have the Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--------------------------------------------------|---------------------|-----------------------------------------|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Oldic | Zii Oodo | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | - | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

| Fill in this ir | nformation to identify your | case: | | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Debtor 1 | Ceil D Dixon | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| - | | | | | |
| United States | s Bankruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI | | |
| Case numbe (if known) | 16-02783 ee | | | | ☐ Check if this is an amended filing |
| | Form 106H ıle H: Your Cod | ebtors | | | 12/15 |
| people are fi ill it out, and our name a | ling together, both are equal number the entries in the nd case number (if known) | ally responsible for supposes on the left. Attack Answer every question | olying correct information the Additional Page (| tion. If more space is r to this page. On the to | ate as possible. If two married needed, copy the Additional Page p of any Additional Pages, write |
| 1. Do yo | ou have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No □ Yes | | | | | |
| | n the last 8 years, have you California, Idaho, Louisiana | | | | y states and territories include |
| _ | o to line 3. Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| in line 2 | again as a codebtor only i 06D), Schedule E/F (Officia | f that person is a guaran | tor or cosigner. Make | sure you have listed the | g with you. List the person show he creditor on Schedule D (Offic Schedule E/F, or Schedule G to |
| | olumn 1: Your codebtor me, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debtes that apply: |
| 3.1 | | | | ☐ Schedule D, lin | е |
| | ame | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lin | e |
| Nu Cit | umber Street ty | State | ZIP Code | | |
| 3.2 | | | | □ Sabadula D. lia | • |
| | ame | | | □ Schedule D, lin □ Schedule E/F, □ □ Schedule G, lin | line |
| Nu | ımber Street | | | _ | |
| Cit | | State | ZIP Code | | |

Schedule H: Your Codebtors

| E | :- 4b:- :- 6 | | | | | | | | |
|--------|-----------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------|----------------|--------------|---------------------|-------------|---------------------------------|------------|
| | in this information to identify your category | | | | | | | | |
| Dei | otor 1 Ceil D Dixor | 1 | | | | | | | |
| 1 | otor 2 buse, if filing) | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | : SOUTHERN DISTRIC | CT OF MISSISSIPPI | | | | | | |
| Cas | se number 16-02783 ee | | | | Check i | f this is: | | | |
| (If kr | nown) | | | | ☐ An a | amended | d filing | | |
| _ | | | | | | | | g postpetitior ollowing date | |
| 0 | fficial Form 106l | | | | MM | / DD/ Y` | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| | Fill in your employment | | | | case num | ber (if k | known). A | answer every | y question |
| | information. | | | | | | | ling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Emplo ☐ Not en | • | | |
| | employers. | Occupation | PHARMACIST | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | RITE AID PHARM | ACY | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 114 E MCDOWEL Jackson, MS 3920 | | | | | | |
| | | How long employed t | here? <u>11 MONT</u> | HS | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to rep | ort for any li | ne, write \$ | 0 in the | space. Inc | olude your no | on-filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information t | for all emplo | yers for tha | at persor | n on the li | nes below. If | you need |
| | | | | | For Debto | or 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. \$_ | 5,62 | 29.00 | \$ | N/A | _ |
| 3. | Estimate and list monthly overt | ime pay. | | 3. +\$_ | | 0.00 | +\$ | N/A | _ |
| 1 | Calculate gross Income Add lin | no 2 + lino 3 | | 4 6 | 5 620 | 00 | • | NI/A | |

Official Form 106I Schedule I: Your Income page 1

| Debt | or 1 | Ceil D Dixon | _ | Case r | number (<i>if known</i>) | 16-027 | 83 ee | |
|------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|-----------------------------------------|--------|-------------------------|-------|
| | | | | For | Debtor 1 | | btor 2 or ing spouse | |
| | Cop | y line 4 here | 4. | \$ | 5,629.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,354.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 238.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | N/A | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,592.00 | \$ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,037.00 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | * | 0.00 | + \$ | N/A | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. \$ | | 1,037.00 + \$ | | N/A = \$ 4,0 | 37.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1, | |
| 11. | State Included the Do it | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depen | | • | | edule J. 11. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | 37.00 |
| | | | | | | | Combined | como |
| 13. | Do : | you expect an increase or decrease within the year after you file this form | ? | | | | monthly inc | Joine |
| | | No. | | | | | | |
| | П | Yes. Explain: | | | | | | |

| Fill | in this informa | ition to identify yo | our case: | | | | | |
|------------|----------------------------|------------------------------------------------------|---------------------------|-------------------------------------------------------------|-----------------------|-------------|-------------------|-------------------------------|
| Deb | tor 1 | Ceil D Dixon | 1 | | | Che | eck if this is: | |
| Deh | tor 2 | | | | | | An amended filing | wing postpetition chapter |
| | ouse, if filing) | | | | | | 13 expenses as of | |
| Unit | ed States Bankı | ruptcy Court for the | : SOUTH | ERN DISTRICT OF MISS | ISSIPPI | | MM / DD / YYYY | |
| | e number 16 nown) | 6-02783 ee | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | 12/15 |
| Be info | as complete ormation. If m | and accurate as | s possible. eded, atta | If two married people ar ch another sheet to this | | | | |
| Par | | ribe Your House | ehold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | | in a sonar | ate household? | | | | |
| | □ 1es. Doe | | iii a sepai | ate nousenoiu: | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of De | btor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | - | ☐ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | _ | □ No |
| 2 | Da | | _ | | | | | ☐ Yes |
| 3. | expenses o | oenses include f people other t d your depende | han $_{\square}$ | No Yes | | | | |
| Par | | ate Your Ongoi | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | value of suc | h assistance an | | government assistance i luded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| (On | ficial Form 10 | וטו.) | | | | | Tour exp | |
| 4. | | or home owners nd any rent for th | | ses for your residence. I r lot. | nclude first mortgage | e 4. | \$ | 0.00 |
| | If not include | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner's | | | | | \$ | 0.00 |
| | | maintenance, reconner's associat | | ipkeep expenses | | 4c. 4d. | : | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 4u. 5. | · | 0.00 |

| Debtor 1 Ceil D Dixon | | Case number (if known | 16-02783 ee |
|--------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------|--------------------------------|
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | | 6a. \$ | 200.00 |
| 6b. Water, sewer, garbage collection | | 6b. \$ | 75.00 |
| 6c. Telephone, cell phone, Internet, sa | tellite, and cable services | 6c. \$ | 214.00 |
| 6d. Other. Specify: | nomic, and capie convices | 6d. \$ | 0.00 |
| . Food and housekeeping supplies | | 7. \$ | 200.00 |
| . Childcare and children's education co | ete | 8. \$ | |
| | 515 | 9. \$ | 0.00 |
| Clothing, laundry, and dry cleaning | | · — | 50.00 |
| O. Personal care products and services | | 10. \$ | 0.00 |
| Medical and dental expenses | an hun ar train fora | 11. \$ | 50.00 |
| Transportation. Include gas, maintenand Do not include car payments. | ce, bus or train fare. | 12. \$ | 400.00 |
| 3. Entertainment, clubs, recreation, news | spapers, magazines, and books | 13. \$ | 50.00 |
| 4. Charitable contributions and religious | | 14. \$ | 0.00 |
| 5. Insurance. | donations | Ψ | 0.00 |
| Do not include insurance deducted from y | your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | , ou. pay oo.aaoaoo . o. 20. | 15a. \$ | 0.00 |
| 15b. Health insurance | | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | | 15c. \$ | 196.00 |
| 15d. Other insurance. Specify: | | 15d. \$ | 0.00 |
| 6. Taxes. Do not include taxes deducted fro | om your pay or included in lines 4 or 20 | | 0.00 |
| Specify: | mryour pay or moraded in imos 4 or 20. | 16. \$ | 0.00 |
| 7. Installment or lease payments: | | 47 0 | |
| 17a. Car payments for Vehicle 1 | | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | | 17b. \$ | 0.00 |
| 17c. Other. Specify: | | 17c. \$ | 0.00 |
| 17d. Other. Specify: | | 17d. \$ | 0.00 |
| 3. Your payments of alimony, maintenance | | | 0.00 |
| 9. Other payments you make to support | edule I, Your Income (Official Form 106I). | | |
| Specify: | others who do not live with you. | 19. | 0.00 |
| Other real property expenses not inclu | uded in lines 4 or 5 of this form or on Sch | | |
| 20a. Mortgages on other property | idea in lines 4 of 5 of this form of on 5ch | 20a. \$ | 0.00 |
| 20b. Real estate taxes | | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's | incurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep e | | 20d. \$ | |
| 20e. Homeowner's association or condo | | 20d. \$ | 0.00 |
| | ominium dues | · — | 0.00 |
| . Other: Specify: | | 21. +\$ | 0.00 |
| 2. Calculate your monthly expenses | | | |
| 22a. Add lines 4 through 21. | | \$ | 1,435.00 |
| 22b. Copy line 22 (monthly expenses for | Debtor 2), if any, from Official Form 106J-2 | \$ | |
| 22c. Add line 22a and 22b. The result is | your monthly expenses. | \$ | 1,435.00 |
| | | | , - |
| 3. Calculate your monthly net income. | hly income) from Cohe dula I | 22a ^ф | 4 007 00 |
| 23a. Copy line 12 (your combined month | • | 23a. \$ | 4,037.00 |
| 23b. Copy your monthly expenses from | line 22c above. | 23b\$ | 1,435.00 |
| 23c. Subtract your monthly expenses fro | om your monthly income. | | |
| The result is your monthly net income | | 23c. \$ | 2,602.00 |
| 4. Do you expect an increase or decrease | e in your expenses within the year after y | ou file this form? | |
| For example, do you expect to finish paying for | your car loan within the year or do you expect you | | ncrease or decrease because of |
| modification to the terms of your mortgage? | | · · | |
| ■ No. | | | |
| □ Voc Evolain here: | | | |

| Fill in this infor | rmation to identify you | r case: | | | |
|------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|
| Debtor 1 | Ceil D Dixon First Name | Middle Name | Last Name | | |
| Debtor 2 | T HOL HAITIO | Widdle Hame | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | SOUTHERN DISTRICT OF | MISSISSIPPI | | |
| Case number | 16-02783 ee | | | | |
| (if known) | | | | _ | k if this is an |
| | | | | amen | ded filing |
| Summary Be as complete information. Fill your original for | and accurate as poss I out all of your schedurms, you must fill out a | ible. If two married people are | Certain Statistical Information filing together, both are equally responsible formation on this form. If you are filing amend box at the top of this page. | or supplyi | |
| Part 1: Sumr | marize Your Assets | | | | |
| | | | | Your a | ssets of what you own |
| 1. Schedule 1a. Copy li | A/B: Property (Official ine 55, Total real estate, | Form 106A/B) from Schedule A/B | | \$ | 323,500.00 |
| 1b. Copy li | ine 62, Total personal pr | operty, from Schedule A/B | | \$ | 146,094.00 |
| 1c. Copy li | ne 63, Total of all prope | rty on Schedule A/B | | \$ | 469,594.00 |
| Part 2: Sumr | marize Your Liabilities | | | | |
| | | | | | iabilities nt you owe |
| | | Claims Secured by Property (Of umn A, Amount of claim, at the | ficial Form 106D) oottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 160,027.00 |
| 3. Schedule L 3a. Copy t | E/F: Creditors Who Have the total claims from Par | e <i>Unsecured Claims</i> (Official Fo t 1 (priority unsecured claims) fr | rm 106E/F) om line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| 3b. Copy t | the total claims from Par | t 2 (nonpriority unsecured claim | s) from line 6j of Schedule E/F | \$ | 32,990.00 |
| | | | Your total liabilities | \$ | 193,017.00 |
| Part 3: Sumr | marize Your Income an | d Expenses | | | |
| | l: Your Income (Official F combined monthly incom | | | \$ | 4,037.00 |
| 5. Schedule | J: Your Expenses (Offici | al Form 106J) | | | 4 40= 00 |

Copy your monthly expenses from line 22c of Schedule J..... 1,435.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Ceil D Dixon Case number (if known) 16-02783 ee

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

10,391.44

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total | claim |
|------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this in | formation to identify your | case: | | | |
|---------------------------------|---------------------------------|---------------------------|-----------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| Debtor 1 | Ceil D Dixon | | | | |
| 5 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | s Bankruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI | | |
| Case number | 16-02783 ee | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | orm 106Dec ation About a | n Individual | Debtor's Sch | nedules | 12/15 |
| f two marrie | d people are filing together | , both are equally respon | nsible for supplying corre | ect information. | |
| obtaining mo years, or botl | | connection with a bank | | Making a false statement, con fines up to \$250,000, or impri | |
| Did you | ı pay or agree to pay some | one who is NOT an attorr | ney to help you fill out ba | nkruptcy forms? | |
| ■ No |) | | | | |
| ☐ Ye | s. Name of person | | | Attach Bankruptcy Pet Declaration, and Signa | ition Preparer's Notice, ature (Official Form 119) |
| | enalty of perjury, I declare a | that I have read the sumr | mary and schedules filed | with this declaration and | |
| X /s/ (| Ceil D Dixon | | X | | |
| Cei | I D Dixon nature of Debtor 1 | | Signature of D | ebtor 2 | |
| Date | October 4, 2016 | | Date | | |

Official Form 106Dec

| Debtor 1 Call D Dixon First Name Midde Name Last Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI Case number 16-02783 ee (*trooping) Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy A/16 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (fi known). Answer every question. What is your current marital status? Married Not married Not married Debtor 1 Prior Address: Dates Debtor 1 Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 1 No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income Check all that apply. Sources of Income Check all that apply. Sources of Income Check all that apply. Debtor 1 Sources of Income Check all that apply. Debtor 1 Sources of Income Check all that apply. Debtor 1 Sources of Income Check all that apply. Debtor 1 Sources of Income Check all that apply. Debtor 1 Sources of Income Check all that apply. Debtor 1 Sources of Income Check all that apply. Debtor 1 Sources of Income Check all that apply. Debtor 1 Sources of Income Check all that apply. Debtor 3 Sources of Income Check all that apply. Debtor 4 Debtor 4 Debtor 5 Sources of Income Check all that apply. Debtor 1 Debtor 6 Debtor 1 Sources of Income Check all that apply. Debtor 1 Debtor 2 Debtor 1 Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 9 Debtor 1 Debtor 9 Debtor 1 Debtor 9 Debtor 1 Debtor 9 Debtor 1 Debtor 1 Debtor 9 Debtor 1 Debtor 1 Debtor 9 Debtor 1 Debtor 9 Debtor 9 Debtor 9 Debtor 9 Debtor 9 Debt | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|-----------------------------|----------------|-----------------|-------------|-----------------------|-----------------------|--------------|---------------|
| Debtor 2 Spouse Lift British States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI Case number 16-02783 ee | Fill | in this info | rmation to identify you | case: | | | | | | |
| Debtor 2 Sources A, Hanging Frail Name Middle Name Last Name | Del | btor 1 | | | | | | | | |
| Case number 16-02783 ee | Dal | htor 2 | First Name | Middle | e Name | | Last Name | | | |
| Case number 16-02783 ee Check if this is an amended filling Check if this is an amended filling Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy A/168 Be as complete and accurrate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? | | | First Name | Middle | e Name | | Last Name | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy ### Affairs for Individuals Filing for Bankruptcy ### Affairs for Individuals Filing for Bankruptcy ### Affairs for Individuals Filing together, both are equally responsible for supplying correct information. If more space is neceded, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. #### Affairs Give Details About Your Marital Status and Where You Lived Before #### During the last 3 years, have you lived anywhere other than where you live now? ### Married Not married Not married Not married | Uni | ited States B | ankruptcy Court for the: | SOUTHE | RN DISTRICT | OF MISS | SISSIPPI | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy ### Affairs for Individuals Filing for Bankruptcy ### Affairs for Individuals Filing for Bankruptcy ### Affairs for Individuals Filing together, both are equally responsible for supplying correct information. If more space is neceded, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. #### Affairs Give Details About Your Marital Status and Where You Lived Before #### During the last 3 years, have you lived anywhere other than where you live now? ### Married Not married Not married Not married | Cas | se number | 16-02783 66 | | | | | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy ### Affairs Give Details About Your Marital Status and Where You Lived Before ### Affairs Give Details About Your Marital Status and Where You Lived Before ### Affairs Give Details About Your Marital Status and Where You Lived Before ### Affairs Give Details About Your Marital Status and Where You Lived Before ### Affairs Give Details About Your Marital Status and Where You Lived Before ### During the last 3 years, have you lived anywhere other than where you live now? ### During the last 3 years, have you lived anywhere other than where you live now? ### Dates Debtor 1 | | | 10 02700 00 | | | | | [[| _ | |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy Bo as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | | | | | | | | | amended | filing |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy Bo as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Investment of the places you lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arzona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. Debtor 2 Sources of income Check all that apply. Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 3 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 5 Sources of income Check all that apply. Debtor 9 Sources of income Check all that apply. Debtor 9 Sources of income Check all that apply. Debtor 9 Sources of income Check all that apply. Debtor 9 Sources of income Check all that apply. Debtor 9 Sources of income Check all that ap | \bigcirc f | ficial E | arm 107 | | | | | | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part !: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | | | | V tt=:== 1 | ابرالم ما اسما | ماديماد | . Filipa for B | an leu intare | | *** |
| information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married | | | | | | | | | | |
| What is your current marital status? | | | | | | | | | | |
| Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Gross income Check all that apply. Debtor 2 Sources of income Check all that apply. Sou | nun | nber (if knov | vn). Answer every que | stion. | | | • | | • | |
| Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Dived there No Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 3 Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 4 Sources of income Check all that apply. Debtor 5 Sources of income Check all that apply. Debtor 6 Debtor 9 | Pai | t 1: Give | Details About Your Ma | rital Status | and Where Yo | u Lived | Before | | | |
| During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. Sources of income Check all that apply. Wages, commissions, bonuses, tips Debtor 2 Sources of income Check all that apply. Wages, commissions, bonuses, tips Nouses, tips | 1. | What is yo | ur current marital statu | ıs? | | | | | | |
| During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Check all that apply. Sources of income Check all that apply. Wages, commissions, bonuses, tips Debtor 2 Sources of income Check all that apply. Wages, commissions, bonuses, tips Nouses, tips | | . | | | | | | | | |
| No | | _ | | | | | | | | |
| Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 7 Debtor 8 Debtor 9 Debtor | 2. | During the | last 3 years, have you | lived anywh | ere other thar | n where y | ou live now? | | | |
| Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 5 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 7 Debtor 8 Debtor 9 Debtor | | ■ No | | | | | | | | |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Pert 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips | | _ | ist all of the places you I | ived in the la | st 3 years. Do | not includ | le where you live nov | <i>I</i> . | | |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Pert 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips | | | , , | | • | | · | | Dates | : Debtor 2 |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips | | Debtor 11 | nor Address. | | | • | Debtor 21 nor Ac | idi 633. | | |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips | | | | | | | | | | |
| ## Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No | | ■ No | | | | | | | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips To extract the date you filed for bankruptcy: | | ☐ Yes. N | Make sure you fill out Sch | nedule H: You | ur Codebtors (0 | Official Fo | orm 106H). | | | |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No No Pebtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Power in the date you filed for bankruptcy: From January 1 of current year until the date you filed for bankruptcy: From January 1 of current year until the date you filed for bankruptcy: No Debtor 2 Sources of income (before deductions and exclusions) Check all that apply. Wages, commissions, bonuses, tips | Pai | rt 2 Expl | ain the Sources of You | r Income | | | | | | |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No No Pebtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Power in the date you filed for bankruptcy: From January 1 of current year until the date you filed for bankruptcy: From January 1 of current year until the date you filed for bankruptcy: No Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) Wages, commissions, bonuses, tips | | <u> </u> | | | | | | | | |
| Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$75,721.00 Wages, commissions, bonuses, tips The continuation of the date of t | 4. | Fill in the to | tal amount of income yo | u received fro | om all jobs and | l all busin | esses, including part | -time activities. | calendar yea | ars? |
| Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) To get the date you filed for bankruptcy: | | П № | | | | | | | | |
| Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$75,721.00 | | | ill in the details. | | | | | | | |
| Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$75,721.00 | | | | Dahtan 4 | | | | Dahtar 0 | | |
| Check all that apply. Check all that apply. (before deductions and exclusions) Check all that apply. Check all that apply. (before deductions and exclusions) To wages, commissions, bonuses, tips Check all that apply. (before deductions and exclusions) To wages, commissions, bonuses, tips | | | | | income | Gros | es income | | Gros | s income |
| the date you filed for bankruptcy: wages, commissions, bonuses, tips The date you filed for bankruptcy: | | | | | | (befo | ore deductions and | | (before | re deductions |
| | | | | | | | \$75,721.00 | _ | ıs, | |
| | | | | | | | | ☐ Operating a busines | 3S | |

Official Form 107

| De | ebtor 1 | Ceil E |) Dixor | 1 | | | Cas | se number (if known) | 16-02783 | ee |
|----|-----------------------|------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------|-------------------------------------------------------|
| | | | | | | | | | | |
| | | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | | Sources of income Check all that apply. | (befo | s income re deductions and sions) | Sources of inc | | Gross income (before deductions and exclusions) |
| | r last ca anuary 1 | | | 31, 2015) | ■ Wages, commissions, bonuses, tips | | \$0.00 | ☐ Wages, conbonuses, tips | nmissions, | |
| | | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | | | | fore that: 31, 2014) | ■ Wages, commissions, bonuses, tips | | \$0.00 | ☐ Wages, con bonuses, tips | nmissions, | |
| | | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | List ead | ch sour | | the gross inco | se and you have income that | • | • | • | | · |
| | | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | | Sources of income Describe below. | each (befo | s income from source re deductions and sions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: | _ist Ce | rtain Pa | ayments You | Made Before You Filed for | Bankrup | otcy | | | |
| 6. | Are eit □ No | o. Ne ind | either Dedividual of the uring the No. | ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below e paid that cr not include | each creditor to whom you payments to an attorney for a network of the control of | sumer del old purpos did you pa aid a total ents for do this bank | bts. Consumer deb se." ay any creditor a tota of \$6,425* or more omestic support obli ruptcy case. | al of \$6,425* or mo in one or more pa gations, such as c | ore? lyments and the | he total amount you and alimony. Also, do |
| | ■ Ye | | | | or both have primarily consore you filed for bankruptcy, d | | | al of \$600 or more | ? | |
| | | | No. | Go to line 7 | | | | | | |
| | | | Yes | include pay | each creditor to whom you pa ments for domestic support o this bankruptcy case. | | | | | |
| | Credit | tor's N | ame an | d Address | Dates of payme | ent | Total amount | Amount you | Was this p | payment for |

Case number (if known) 16-02783 ee

| 7. | Within 1 year before you filed for bankruptour Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen- control, or owner of 20% of | eral partners; partners of their voting | erships of which yog securities; and a | u are a general ny managing ag | partner; corporations jent, including one for |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------------------|
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos | | ments or transfer a | ny property on a | ccount of a de | bt that benefited an |
| | ■ No□ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | |
| Pa | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | · | | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | shed, attached | , seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| 4.4 | With a 00 days before your Clad for best war | Explain what happened | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No | | luding a bank or fir | ianciai institution | i, set off any ar | nounts from your |
| | Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a | | erty in the possess | ion of an assigne | e for the benef | it of creditors, a |
| | ■ No □ Yes | | | | | |
| Pa | rt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup No | tcy, did you give any gifts | s with a total value | of more than \$60 | 0 per person? | |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | Describe the gifts | | | s you gave | Value |
| | per person Person to Whom You Gave the Gift and Address: | | | the g | ints | |

Debtor 1 Ceil D Dixon

| Deb | otor 1 Ceil D Dixon | | | Case number (| if known) 1 | 6-02783 e | е |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|--------------|-------------------------|
| | | | | | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or core | | | ns with a total | value of r | more than S | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | tal | Describe what you contributed | | Dates yo contribu | | Value |
| Par | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankrupt or gambling? | tcy or | since you filed for bankruptcy, did | you lose anyth | ning becau | use of theft | , fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | how the loss occurred | nclude | be any insurance coverage for the lethe amount that insurance has paid. The control of the coverage for the lether amount that insurance has paid. The coverage for the lether and the leth | List pending | Date of y loss | our/ | Value of property lost |
| Par | | | | .,, | | | |
| | <u> </u> | :اد ،،، | d an annuan alaa astin a an usu | u babali nava | | | |
| | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pr Include any attorneys, bankruptcy petition pre | eparii | ng a bankruptcy petition? | | | | ty to anyone you |
| | □ No ■ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | | Description and value of any prop transferred | perty | Date pay or transf made | | Amount of payment |
| | BOND, BOTES & WOODS, P.C. 130 SOUTHPOINTE DRIVE SUITE D BYRAM, MS 39272 LWILKINSON@BONDNBOTES.COM | | 15.00 CREDIT COUNSELING 33.00 CREDIT REPORT 310.00 FILING FEES 300.00 ATTY FEES | | AUGUS | T 2016 | \$300.00 |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y | tors o | r to make payments to your credito | | r transfer a | any proper | ty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | perty | Date pay or transf made | | Amount of payment |
| 18. | Within 2 years before you filed for bankrup | ptcy, c | did you sell, trade, or otherwise tran | nsfer any prop | erty to any | one, other | than property |
| | transferred in the ordinary course of your Include both outright transfers and transfers rinclude gifts and transfers that you have alreated No | made a | as security (such as the granting of a s | security interest | t or mortga | ge on your | property). Do not |
| | Yes. Fill in the details. | | | | | | _ |
| | Person Who Received Transfer Address | | Description and value of property transferred | Describe a payments paid in exc | received o | | Date transfer was made |
| | Person's relationship to you | | | | - | | |

Case number (if known)

16-02783 ee

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Do you still Name of Financial Institution Describe the contents Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Describe the contents Name of Storage Facility Who else has or had access Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. **Owner's Name** Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1

Ceil D Dixon

Case number (if known) 16-02783 ee

| 24. | Has | s any governmental unit notified you that | you may be liable or potentially liable | under or in violation of an environme | ntal law? |
|-----|-------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|--------------------|
| | | No | | | |
| | _ | Yes. Fill in the details. | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Hav | ve you notified any governmental unit of | any release of hazardous material? | | |
| | | No Yes. Fill in the details. | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Hav | ve you been a party in any judicial or adn | ninistrative proceeding under any envir | onmental law? Include settlements a | nd orders. |
| | | No Yes. Fill in the details. | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | 111 | Give Details About Your Business or | Connections to Any Business | | |
| 27. | Wit | hin 4 years before you filed for bankrupt | cy, did you own a business or have any | of the following connections to any | business? |
| | | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activity, | either full-time or part-time | |
| | | ☐ A member of a limited liability comp | • | • | |
| | | ☐ A partner in a partnership | | | |
| | | ☐ An officer, director, or managing exc | ecutive of a corporation | | |
| | | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | |
| | | No. None of the above applies. Go to F | Part 12. | | |
| | | Yes. Check all that apply above and fill | in the details below for each business. | | |
| | | siness Name | Describe the nature of the business | Employer Identification number | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security n Dates business existed | umber or IIIN. |
| | Нс | ollyGlobal.com | online sales | EIN: | |
| | | 4 West Dewey Camp brence, MS 39073 | | From-To April 2014 to Septe | mber 2014 |
| 28. | | hin 2 years before you filed for bankrupt titutions, creditors, or other parties. | cy, did you give a financial statement to | o anyone about your business? Inclu | de all financial |
| | | No | | | |
| | | Yes. Fill in the details below. | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | |
| | ,,,,α | | | | |

Debtor 1 Ceil D Dixon

| Debtor | 1 Ceil D Dixon | | Case number (if known) | 16-02783 ee |
|----------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------|---------------------------------|
| | | | | |
| Part 12 | 2: Sign Below | | | |
| | read the answers on this Statement of Find | | | |
| with a l | e and correct. I understand that making a foonkruptcy case can result in fines up to \$ C. §§ 152, 1341, 1519, and 3571. | | | property by fraud in connection |
| /s/ Ce | il D Dixon | | | |
| | Dixon cure of Debtor 1 | Signature of Debtor 2 | | |
| Date | October 4, 2016 | Date | | |
| Did you | ı attach additional pages to Your Stateme | nt of Financial Affairs for Individual | s Filing for Bankruptcy (| Official Form 107)? |
| ■ No | | | | |
| ☐ Yes | | | | |
| Did you | ı pay or agree to pay someone who is not | an attorney to help you fill out bank | kruptcy forms? | |
| ■ No | | | | |
| ☐ Yes. | Name of Person Attach the Bankrup | otcy Petition Preparer's Notice, Declar | ation, and Signature (Offici | al Form 119). |

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Mississippi

| In re | Ceil D Dixon | | Case No. | 16-02783 ee |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------|
| | | Debtor(s) | Chapter | |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR DE | BTOR(S) |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing per rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy | , or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 3,200.00 |
| | Prior to the filing of this statement I have received | | | 300.00 |
| | Balance Due | | \$ | 2,900.00 |
| 2. \$ | 5 310.00 of the filing fee has been paid. | | | |
| 3. 7 | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. 7 | The source of compensation to be paid to me is: | | | |
| | ☐ Debtor ☐ Other (specify): CH 13 | TRUSTEE | | |
| 5. | ■ I have not agreed to share the above-disclosed compe | ensation with any other person | unless they are memb | pers and associates of my law firm |
| | ☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name | | | |
| 6. 1 | In return for the above-disclosed fee, I have agreed to rea | nder legal service for all aspec | ts of the bankruptcy ca | ase, including: |
| t | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credito [Other provisions as needed] Negotiations with secured creditors to regreaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou | ement of affairs and plan which rs and confirmation hearing, a educe to market value; ex ns as needed; preparation | h may be required; nd any adjourned hear emption planning; | ings thereof; |
| 7. I | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any discany other adversary proceeding. | does not include the followin chargeability actions, jud | g service: icial lien avoidance | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement fo | r payment to me for re | presentation of the debtor(s) in |
| 0 | ctober 4, 2016 | /s/ EDWIN WOOL | | |
| Do | ate | EDWIN WOODS, Signature of Attorn BOND, BOTES & 5760 I55 NORTH SUITE 100 Jackson, MS 392 601-353-5000 Fa | ey WOODS, P.C. 211 | |
| | | | SONDNBOTES.COM | 1 |
| | | rume oj iaw jirm | | |

| Fill in this inforr | Fill in this information to identify your case: | | | | | |
|---------------------------------|------------------------------------------------------------|--|--|--|--|--|
| Debtor 1 | Ceil D Dixon | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | |
| United States B | Sankruptcy Court for the: Southern District of Mississippi | | | | | |
| Case number (if known) | 16-02783 ee | | | | | |

| Check as directed in lines 17 and 21: | | | | | | |
|-----------------------------------------------------------|----------------------------------------------------------------------|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |
| | Check if this is an amended filing | | | | | |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 10,391.44 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

\$

Net monthly income from rental or other real property

| Debtor ⁻ | Ceil D Dixon | | Case numbe | r (<i>if known</i>) | 16-02783 | ee | _ |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|--------------------------|------------------------------|------------------------------------|---|
| | | | Column A Debtor 1 | | Column B Debtor 2 o | | |
| 7. I | Interest, dividends, and royalties | | \$ | 0.00 | \$ | 0.00 | |
| | Unemployment compensation | | \$ | 0.00 | \$ | 0.00 | |
| [t | Do not enter the amount if you contend that the amount received was a bene the Social Security Act. Instead, list it here: | efit unde | er | | | | |
| | • | .00 | | | | | |
| | | .00 | | | | | |
| | Pension or retirement income. Do not include any amount received that was | as a | \$ | 0.00 | \$ | 0.00 | |
| r c | Income from all other sources not listed above. Specify the source and at Do not include any benefits received under the Social Security Act or paymer received as a victim of a war crime, a crime against humanity, or international domestic terrorism. If necessary, list other sources on a separate page and protal below. | nts al or | \$ | 0.00 | \$ | 0.00 | |
| | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | 4 | \$ | 0.00 | \$ | 0.00 | |
| | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income | \$ | 10,391.44 | + \$ | 0.00 | Total average monthly income | |
| | Copy your total average monthly income from line 11Calculate the marital adjustment. Check one: | | | | | \$10,391.44 | |
| | ☐ You are not married. Fill in 0 below. | | | | | | |
| | You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| ı | You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NC dependents, such as payment of the spouse's tax liability or the spouse | OT regul | arly paid for th | ne househ e other tha | old expense an you or you | s of you or your ur dependents. | |
| | Below, specify the basis for excluding this income and the amount of incadjustments on a separate page. | come de | evoted to each | n purpose | . If necessary | , list additional | |
| | If this adjustment does not apply, enter 0 below. | • | | | | | |
| | | - | | | | | |
| | | - * - | | _ | | | |
| | | _ | | | | | |
| | Total | \$_ | 0.0 | <u>о</u> с _о | py here=> | 0.0 | 0 |
| 14. | Your current monthly income. Subtract line 13 from line 12. | | | | | \$10,391.44 | |
| 15. | Calculate your current monthly income for the year. Follow these steps | s: | | | | | |
| | 15a. Copy line 14 here=> | | | | | \$ 10,391.44 | |
| | Multiply line 15a by 12 (the number of months in a year). | | | | | x 12 | _ |
| | 15b. The result is your current monthly income for the year for this part of | the form | ٦ | | | \$ 124,697.28 | |

16-02783 ee

Case number (if known)

| 16 | . Calcula | te the median family income that applies to | you. Follow these steps: | | |
|-----|------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|
| | 16a. Fill | in the state in which you live. | MS | | |
| | 16b. Fill | in the number of people in your household. | 1 | | |
| | 16c. Fill | in the median family income for your state and | d size of household. | \$ | 37,590.00 |
| | ins | tructions for this form. This list may also be av | nts, go online using the link specified in the separate ailable at the bankruptcy clerk's office. | ••• | |
| 17 | | the lines compare? | | | |
| | 17a. I | | On the top of page 1 of this form, check box 1, Disposa NOT fill out Calculation of Your Disposable Income (Of | | |
| | 17b. | | o of page 1 of this form, check box 2, <i>Disposable incom</i> culation of Your Disposable Income (Official Form 1 above. | | |
| Par | t 3: C | Calculate Your Commitment Period Under 1 | 1 U.S.C. § 1325(b)(4) | | |
| 18. | Сору ус | our total average monthly income from line | 11. | \$ | 10,391.44 |
| 19. | contend | | re married, your spouse is not filing with you, and you 11 U.S.C. § 1325(b)(4) allows you to deduct part of you | ur | |
| | 19a. If th | ne marital adjustment does not apply, fill in 0 o | n line 19a. | - \$ | 0.00 |
| | 19b. Su l | btract line 19a from line 18. | | \$ | 10,391.44 |
| | | | | | |
| 20. | Calcula | te your current monthly income for the yea | r. Follow these steps: | | 40 204 44 |
| | 20a. Co | py line 19b | | \$_ | 10,391.44 |
| | Mu | Itiply by 12 (the number of months in a year). | | | (12 |
| | 20b. The | e result is your current monthly income for the | year for this part of the form | \$_ | 124,697.28 |
| | 20c. Co | py the median family income for your state an | d size of household from line 16c | \$_ | 37,590.00 |
| | 21. Ho | w do the lines compare? | | | |
| | | Line 20b is less than line 20c. Unless otherward is 3 years. Go to Part 4. | wise ordered by the court, on the top of page 1 of this fo | orm, check box 3, | The commitment |
| | • | Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4. | Unless otherwise ordered by the court, on the top of pag | ge 1 of this form, cl | neck box 4, The |
| Par | t 4: S | ign Below | | | |
| | By signi | ng here, under penalty of perjury I declare tha | t the information on this statement and in any attachmen | nts is true and cor | rect. |
|) | (/s/ Ce | il D Dixon | | | |
| | Ceil D | Dixon | | | |
| | J | ure of Debtor 1 | | | |
| | | ctober 4, 2016 M / DD / YYYY | | | |
| | | ecked 17a, do NOT fill out or file Form 122C- | 2. | | |
| | If you ch | ecked 17b, fill out Form 122C-2 and file it with | n this form. On line 39 of that form, copy your current mo | onthly income fron | n line 14 above. |

Ceil D Dixon

Debtor 1

Debtor 1 Ceil D Dixon Case number (if known) 16-02783 ee

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2016 to 07/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: RITE AID

Income by Month:

| 6 Months Ago: | 02/2016 | \$10,552.40 |
|---------------|--------------------|-------------|
| 5 Months Ago: | 03/2016 | \$9,663.12 |
| 4 Months Ago: | 04/2016 | \$9,563.92 |
| 3 Months Ago: | 05/2016 | \$9,563.92 |
| 2 Months Ago: | 06/2016 | \$13,996.92 |
| Last Month: | 07/2016 | \$9,008.33 |
| | Average per month: | \$10.391.44 |

| Fill in this information to identify your case: | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Debtor 1 Ceil D Dixon | |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: Southern District of Mississippi | |
| Case number (if known) 16-02783 ee | ☐ Check if this is an amended filing |
| Official Form 122C-2 Chapter 13 Calculation of Your Disposable I | ncome 04/10 |
| To fill out this form, you will need your completed copy of Chapter 13 Stateme Commitment Period (Official Form 122C-1). | ent of Your Current Monthly Income and Calculation of |
| Be as complete and accurate as possible. If two married people are filing toge space is needed, attach a separate sheet to this form, Include the line number additional pages, write your name and case number (if known). Part 1: Calculate Your Deductions from Your Income | |
| The Internal Revenue Service (IRS) issues National and Local Standards for the questions in lines 6-15. To find the IRS standards, go online using the information may also be available at the bankruptcy clerk's office. | |
| Deduct the expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the standards. Do not include any operating ex 122C-1, and do not deduct any amounts that you subtracted from your spouse's | openses that you subtracted from income in lines 5 and 6 of Form |
| If your expenses differ from month to month, enter the average expense. | |
| Note: Line numbers 1-4 are not used in this form. These numbers apply to inforr | mation required by a similar form used in chapter 7 cases. |
| 5. The number of people used in determining your deductions from inco | ome |
| Fill in the number of people who could be claimed as exemptions on your for plus the number of any additional dependents whom you support. This number of people in your household. | |
| National Standards You must use the IRS National Standards to answ | ewer the questions in lines 6-7. |
| Food, clothing, and other items: Using the number of people you entered Standards, fill in the dollar amount for food, clothing, and other items. | ed in line 5 and the IRS National \$ |
| 7. Out-of-pocket health care allowance: Using the number of people you en the dollar amount for out-of-pocket health care. The number of people is sp people who are 65 or olderbecause older people have a higher IRS allow higher than this IRS amount, you may deduct the additional amount on line | plit into two categoriespeople who are under 65 and vance for health car costs. If your actual expenses are |

Official Form 122C-2

| or 1 | | eil D Dixon | | | Case number | (| | 5-02783 e | - | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------|--------------------|----------------------------|-----|
| eople | e w | ho are under 65 years of age | | | | | | | | |
| 78 | a. | Out-of-pocket health care allowance per person | \$ | 54 | | | | | | |
| 71 | b. | Number of people who are under 65 | x | 1 | | | | | | |
| 70 | c. | Subtotal. Multiply line 7a by line 7b. | \$ | 54.00 | Copy here | e=> \$ | 5 | 54.00 | | |
| eople | e w | ho are 65 years of age or older | | | | | | | | |
| • | | Out-of-pocket health care allowance per person | \$ | 130 | | | | | | |
| | | Number of people who are 65 or older | Ψ— Х | 0 | | | | | | |
| 7 t | | Subtotal. Multiply line 7d by line 7e. | \$ \$ | 0.00 | Copy here | > .9 | \$ | 0.00 | | |
| | | Castotal Malapy line (a by line (c. | Ψ | 0.00 | оору пого |] | | 0.00 | | |
| 70 | g. | Total. Add line 7c and line 7f | | \$ | 54.00 | | Copy t | total here=> | \$54.0 | 00 |
| | | | | | | | | | | |
| ankru Hou Hou o ans epara | usii swe ate | ng and utilities - Insurance and operating expening and utilities - Mortgage or rent expenses er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be | e Progra e availal | ole at the bankr | uptcy clerk's o | office. | | • | pecified in the | |
| Hou Hou O ans epara | usii swe ate lous | ng and utilities - Mortgage or rent expenses or the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating experted of the property of the county for insurance of the co | e Progra e availal enses: ∪ | ole at the bankr sing the number | uptcy clerk's o | office. | | • | pecified in the | 4.0 |
| House | usii swe ate lous the | ng and utilities - Mortgage or rent expenses er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating expert edollar amount listed for your county for insurance sing and utilities - Mortgage or rent expenses: | e Progra e availal enses: U and oper | ole at the bankr sing the number ating expenses. | uptcy clerk's o | office. | | 5, fill | • | 4.0 |
| Hou Hou o ans epara H | usii swe ate lous the lous | ng and utilities - Mortgage or rent expenses or the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating experted of the property of the county for insurance of the co | e Progra e availal enses: U and oper | ole at the bankr sing the number ating expenses. | uptcy clerk's o | office. | d in line | 5, fill | • | 4.0 |
| Hou Hou o ans epara H in | usii swe ate lous the a. | ng and utilities - Mortgage or rent expenses or the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating experted dollar amount listed for your county for insurance sing and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, 1 | e Progra e availal enses: U and oper iill in the o s. and other dd all ame | ole at the bankr sing the number ating expenses. dollar amount debts secured bounts that are | uptcy clerk's of people you | office. entere | d in line | \$ 5, fill \$ _ | • | 4.0 |
| Hou Hou o ans epara H in | usii swe ate lous the a. | ng and utilities - Mortgage or rent expenses er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating expe e dollar amount listed for your county for insurance sing and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, to listed for your county for mortgage or rent expenses Total average monthly payment for all mortgages at To calculate the total average monthly payment, ac contractually due to each secured creditor in the 60 | e Progra e availal enses: U and oper iill in the o s. and other dd all amo o months | ole at the bankr sing the number ating expenses. dollar amount debts secured bounts that are | uptcy clerk's of people you of people you of people you of the people you of the people you of the people you have a second to be a second to | office. entere | d in line | \$ 5, fill \$ _ | • | 4.0 |
| Hou Hou o ans epara H in | usii swe ate lous the lous a. | ng and utilities - Mortgage or rent expenses or the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating experted dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, the listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at a contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. | e Progra e availal enses: U and oper iill in the o s. and other dd all amo o months | ble at the bankr sing the number ating expenses. dollar amount debts secured bounts that are after you file | uptcy clerk's of people you of | office. entere | d in line | \$ 5, fill \$ _ | • | 4.0 |
| Hou Hou o ans epara H in | usii swe ate lous the lous a. | ng and utilities - Mortgage or rent expenses or the questions in lines 8-9, use the U.S. Truster instructions for this form. This chart may also be sing and utilities - Insurance and operating experted dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, to listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. | e Progra e availal enses: U and oper ill in the c s. and other dd all amm o months Av pa | ble at the bankr sing the number ating expenses. dollar amount debts secured bounts that are after you file | uptcy clerk's cof people you confidence of peo | office. entere | d in line | \$ 5, fill \$ _ | • | |
| enkru Hou Hou Hou one Hou in Hou 98 | usii sweate lous i the lous a. | ng and utilities - Mortgage or rent expenses er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating expe- e dollar amount listed for your county for insurance sing and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, for listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, ac contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. Name of the creditor Quicken Loans | e Progra e availal enses: U and oper ill in the c s. and other dd all amm o months Av pa | ble at the bankr sing the number ating expenses. dollar amount debts secured bounts that are after you file verage monthly syment 885.6 | of people you on the people you of people you on the people you of | office. entered | d in line | \$_823.00 | 404 Repeat this amo | |
| enkru Hou Hou Hou one Hou in Hou 98 | usin the lous a. | ng and utilities - Mortgage or rent expenses or the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also be sing and utilities - Insurance and operating expe- dedollar amount listed for your county for insurance sing and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, it listed for your county for mortgage or rent expense Total average monthly payment for all mortgages at To calculate the total average monthly payment, ac contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. Name of the creditor Quicken Loans | e Progra e availal enses: U and oper ill in the o s. and other dd all amo months An pa \$ om line \$ com line \$ | ble at the bankr sing the number ating expenses. dollar amount debts secured bounts that are after you file verage monthly syment 885.6 | of people you on the people you of people you on the people you of | office. entered | d in line | 823.00 885.60 | Repeat this amon line 33a. | oui |
| Hours | usiii sweate lous i the lous a. | Ing and utilities - Mortgage or rent expenses or the questions in lines 8-9, use the U.S. Truster instructions for this form. This chart may also be sing and utilities - Insurance and operating expense dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses: Using the number of people you entered in line 5, to listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. Name of the creditor Quicken Loans 9b. Total average monthly payment Net mortgage or rent expense. Subtract line 9b (total average monthly payment) for | e Prograte available nees: U and oper iill in the os. and other dd all amo months Available start and start and start s | ble at the bankr sing the number ating expenses. dollar amount debts secured bounts that are after you file verage monthly syment 885.6 885.6 | of people you of | office. entered | 0.00 | 823.00 \$ | Repeat this amon line 33a. | |

16-02783 ee

Case number (if known)

| 11. | Local tra | nsportation expenses: Check the number of vehic | les for which you claim | an ownershi | p or operating | g expense. | |
|------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|----------------|------------------------------------------------|--------|
| | □ 0. Go | to line 14. | | | | | |
| | ■ 1. Go | to line 12. | | | | | |
| | ☐ 2 or m | ore. Go to line 12. | | | | | |
| 12. | | pperation expense: Using the IRS Local Standards expenses, fill in the <i>Operating Costs</i> that apply for y | | | | | 220.00 |
| 13. | You may | ownership or lease expense: Using the IRS Local and control of the IRS Local and the expense if you do not make any loan on two vehicles. | | | | | |
| Ve | hicle 1 | Describe Vehicle 1: 2014 Subaru Forrester | 49,000 miles | | | | |
| 13a. | Ownershi | p or leasing costs using IRS Local Standard | | \$ | 471.00 | | |
| 13b. | Average | monthly payment for all debts secured by Vehicle 1. | | | | | |
| | Do not in | clude costs for leased vehicles. | | | | | |
| | are contra | ate the average monthly payment here and on line 1 actually due to each secured creditor in the 60 month cy. Then divide by 60. | | t | | | |
| | Nam | ne of each creditor for Vehicle 1 | Average monthly payment | | | | |
| | Cha | ase Auto Finance | \$ 225.25 | | | | |
| | | Total Average Monthly Payment | \$225.25 | Copy here => | -\$225 | Repeat this amount on line 33b. | |
| 13c. | | cle 1 ownership or lease expense line 13b from line 13a. if the numbert is less than \$0. | enter \$0 | \$ | 245.75 | Copy net Vehicle 1 expense here => \$ | 245.75 |
| Ve | hicle 2 | Describe Vehicle 2: | | | | _ | |
| 13d. | Ownershi | ip or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| 13e. | Average leased ve | monthly payment for all debts secured by Vehicle 2. shicles. | Do not include costs for | r | | | |
| | Nan | ne of each creditor for Vehicle 2 | Average monthly payment | | | | |
| | | | \$ | | | | |
| | | Total average monthly payment | \$ | Copy here => -\$ _ | 0.0 | Repeat this amount on line 33c. | |
| 13f. | | cle 2 ownership or lease expense line 13e from line 13d. if this number is less than \$0, | enter \$0 | . \$ | 0.00 | Copy net Vehicle 2 expense here => \$ | 0.00 |
| 14. | | ansportation expense: If you claimed 0 vehicles ransportation expense allowance regardless of v | | | | n the \$ | 0.00 |
| 15. | also dedu | al public transportation expense: If you claimed 1 uct a public transportation expense, you may fill in will more than the IRS Local Standard for <i>Public Transi</i> | hat you believe is the ap | | | | 0.00 |

Ceil D Dixon

Debtor 1

Ceil D Dixon 16-02783 ee Debtor 1 Case number (if known) **Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 1.354.00 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 0.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 0.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. **Education:** The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 0.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. \$ 2,847.75 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 238.00 Disability insurance 0.00 Health savings account 0.00 Total 238.00 238.00 Copy total here=> Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

| otor 1 | Ceil D Dixon | | Case number (if known | n) 16-0 | 2103 E | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------|
| | Additional home energy costs. Your hom line 8. | e energy costs are included in your insu | rance and operating | g expense | es on | | |
| | If you believe that you have home energy c 8, then fill in the excess amount of home er | | y costs included in e | expenses | on line | | |
| | You must give your case trustee document amount claimed is reasonable and necessa | | nust show that the a | additional | | \$ | 0.0 |
| | Education expenses for dependent child \$160.42* per child) that you pay for your de public elementary or secondary school. | ren who are younger than 18. The mo pendent children who are younger than | nthly expenses (no 18 years old to atte | t more thand a priva | an ate or | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | | nust explain why the | e amount | | | |
| | * Subject to adjustment on 4/01/19, and eve | ery 3 years after that for cases begun on | or after the date of | adjustme | nt. | \$ | 0.0 |
| | Additional food and clothing expense. T higher than the combined food and clothing than 5% of the food and clothing allowance | allowances in the IRS National Standar | | | | | |
| | To find a chart showing the maximum addit instructions for this form. This chart may als | | | arate | | | |
| | You must show that the additional amount of | claimed is reasonable and necessary. | | | | \$ | 0.0 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | | ute in the form of ca | ash or fina | ncial | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | | ı | \$ | 0.0 |
| 2. Add all of the additional expense deductions. | | | | | | \$ | 238.00 |
| Dedu 33. F Id | Add lines 25 through 31. Ictions for Debt Payment or debts that are secured by an interest bans, and other secured debt, fill in lines o calculate the total average monthly paym | 33a through 33e. ent, add all amounts that are contractual | | | | | |
| Dedu 33. F Id | or debts that are secured by an interest pans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for bar | 33a through 33e. ent, add all amounts that are contractual | | | | Average | monthly |
| Dedu 33. F k T c | or debts that are secured by an interest bans, and other secured debt, fill in lines o calculate the total average monthly paym | 33a through 33e. ent, add all amounts that are contractual | | | | Average payment | |
| Dedu 3. F k T c | or debts that are secured by an interest bans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba | 33a through 33e. ent, add all amounts that are contractual | lly due to each secu | ıred | | | |
| Dedu 3. F k T c | or debts that are secured by an interest bans, and other secured debt, fill in lines o calculate the total average monthly paymeditor in the 60 months after you file for ba | 33a through 33e. ent, add all amounts that are contractual nkruptcy. Then divide by 60. | lly due to each secu | ıred | I | | t |
| 3. F k T c | or debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles | 33a through 33e. ent, add all amounts that are contractual nkruptcy. Then divide by 60. | lly due to each secu | ıred | I | | t |
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| 33. F 16 T c c 33a. | or debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts | 33a through 33e. ent, add all amounts that are contractual nkruptcy. Then divide by 60. | t D in or | oes paym clude taxe insuranc | => (=> (=> (==) = (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (| payment \$ \$ \$ \$ | 885.60 |
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| 3. F 16 T c 33a. 3b. 3c. 3d. | or debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts e of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual nkruptcy. Then divide by 60. | t D in or | oes paym clude taxe insuranc l No l Yes | => (=> (=> (==) = (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (==) (| payment \$ \$ \$ \$ | 885.60 |
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| Dedu 33. F lo T c | or debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts e of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual nkruptcy. Then divide by 60. | t D in or | oes paym clude taxe insuranc l No l Yes l No l Yes | => \$ \$ ent es e? | payment \$ \$ \$ \$ \$ \$ \$ \$ | 885.60 |
| Dedu 33. F lo T c | or debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts e of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual nkruptcy. Then divide by 60. | t Din or | oes paym clude taxe insuranc l No l Yes l No l Yes | => \$ \$ ent es e? | payment \$ \$ \$ \$ \$ \$ \$ \$ | 885.60 |

| ebtor 1 | Ceil | D Dixon | | | Cas | se nu | umber (if known) 1 | 6-0278 | 33 ee |) | |
|-----------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------|--------------|-------|--------------------|-----------------|-------|-----------------|----------|
| | | debts that you listed in line property necessary for you | | | | е, | | | | | |
| | No. | Go to line 35. | | | | | | | | | |
| | | State any amount that you listed in line 33, to keep por Next, divide by 60 and fill in | ssession of your proper | ty (called the c | | | | | | | |
| Name | e of the | creditor | Identify property that s | secures the debt | t | То | tal cure amount | | | onthly nount | cure |
| -NO | NE- | | | | \$ | | | ÷ 60 = | \$ | | |
| | | | | | Total | \$ | 0.00 | Co tot he | | \$ | 0.00 |
| | | owe any priority claims - su due as of the filing date of | | | | hat | | | | | |
| | No. | Go to line 36. | | | | | | | | | |
| | l Yes. | Fill in the total amount of al ongoing priority claims, suc | | | e current or | | | | | | |
| | | Total amount of all past-de | ue priority claims | | | \$ | 0.00 | <u> </u> | 60 | \$_ | 0.00 |
| 36. Pr | rojecte | d monthly Chapter 13 plan | payment | | | \$ | 1,026.00 |) | | | |
| Of the To | ffice of e Exec o find a li | nultiplier for your district as s the United States Courts (for utive Office for United States ist of district multipliers that inclu instructions for this form. This list | r districts in Alabama ar Trustees (for all other of des your district, go online | nd North Caroli districts). using the link spe | na) or by | X . | 7.30 | | | | |
| Av | verage | monthly administrative expe | nse | | | | \$74.90 | Copy here= | | | 74.90 |
| | | of the deductions for debtes 33e through 36. | payment. | | | | | | | \$ | 1,185.75 |
| Total | Deduc | tions from Income | | | | | | | | | |
| 38. A d | dd all d | of the allowed deductions. | | | | | | | | | |
| | | ne 24, All of the expenses all e allowances | owed under IRS | \$ | 2,847.75 | 5 | | | | | |
| C | Copy lir | ne 32, All of the additional ex | | | 238.00 | 0 | | | | | |
| C | Copy lir | ne 37, All of the deductions fo | or debt payment | +\$ | 1,185.75 | 5 | ٦ | | | | |
| Т | Γotal de | eductions | | \$ | 4,271.50 | 0 | Copy total here= | :> | \$ | | 4,271.50 |

| Debtor 1 | Cell D L | noxic | | | - | Case | number (if kn | nown) 10 | 5-02783 | ee | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|-----------------|-----------------|-------------------|----------------|--------------|-----|
| Part 2: | Detern | nine Yo | our Disposable Income Under 11 U.S.C. § | 1325(b | o)(2) | | | | | | |
| | | | rrent monthly income from line 14 of For Current Monthly Income and Calculation | | | | | | \$ | 10,391 | .44 |
| c l di re | 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. | | | | | | \$ | 0 | .00 | | |
| e in | mployer wit n 11 U.S.C. | hheld f § 541(l | retirement deductions. The monthly total of from wages as contributions for qualified retible (7) plus all required repayments of loans for C. § 362(b)(19). | rement | plans, as spec | ified | \$ | 0 | .00 | | |
| 42. T | otal of all c | leducti | ions allowed under 11 U.S.C. § 707(b)(2)(| A). Cop | y line 38 here | => | \$ | 4,271 | .50 | | |
| e: th | xpenses an neir expense | d you h es. You | cial circumstances. If special circumstance have no reasonable alternative, describe the unust give your case trustee a detailed exp documentation for the expenses. | specia | al circumstance | | | | | | |
| Desc | ribe the sp | ecial c | circumstances | | Amount of | expen | ise | | | | |
| | | | | | \$ | | | | | | |
| | | | | | \$ | | | | | | |
| | | | | | \$ | | | | | | |
| | | | | | | | Сору | | | | |
| | | | То | tal \$_ | 0.0 | 00 | here=>\$ | | 0.0 | 00 | |
| | | | | | | | | | 7 | | |
| 44 T | otal adjust | ments | . Add lines 40 through 43 | | => | . | 4.2 | 271.50 | Copy here=> | -\$ 4,271. | .50 |
| | otal aajaot | | Triad inico le unicagni le | | | | | | | | |
| 45. C | Calculate yo | our mo | nthly disposable income under § 1325(b) | (2). Sul | btract line 44 fr | om lin | e 39. | | \$ | 6,119.94 | 1 |
| | - | | | | | | | | Ľ. | | |
| Part 3: | Chang | e in In | come or Expenses | | | | | | | | |
| re yo bo 12 | eported in thour bankrupelow. For ex 22C-1 in the | nis form otcy pet xample e first c | or expenses. If the income in Form 122C-in have changed or are virtually certain to chatition and during the time your case will be one, if the wages reported increased after you foolumn, enter line 2 in the second column, each the increase occurred, and fill in the amount | ange af pen, fill iled you xplain w | ter the date you in the informat ur petition, chec why the wages | u filed tion | | | | | |
| Form | Lir | ie | Reason for change | | Date of cha | ange | Increa decre | | Amou | nt of change | |
| ☐ 12 ☐ 12 ☐ 12 ☐ 12 | 22C-2 22C-1 | | | | _ | | Inc | ecrease | \$ | | |
| ☐ 12 | | | | | _ | | Inc | | | | |
| ☐ 12 | | | | | | | _ | ecrease | \$ | | |
| ☐ 12 ☐ 12 | | | | | | | ☐ Ind | crease ecrease | \$ | | |
| | | | | | _ | | | ,crease | <u> </u> | | |

| Debtor 1 | Ceil D Dixon | Case number (if known) | 16-02783 ee |
|----------|----------------------------------------------------------------|----------------------------------------------|-------------------------------|
| | | | |
| | | | |
| Part 4: | Sign Below | | |
| | | | |
| 1 | By signing here, under penalty of perjury you declare that the | information on this statement and in any att | achments is true and correct. |
| | le/ Ceil D Diver | | |
| _ ^ | /s/ Ceil D Dixon Ceil D Dixon | _ | |
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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.